

What Does Medicaid Mean for Me?

Medicaid is a program that provides low-income people with health coverage at little or no cost. Medicaid is also called All Kids, FamilyCare, Moms & Babies and CountyCare.

What does Medicaid cover?

Medicaid offers coverage so that you and your family can get the care and preventive services you need. Medicaid covers similar services as private insurance plans, including:

- **Hospital Inpatient Services** – health care that requires overnight stays in a hospital.
- **Outpatient Services** – treatment or tests provided in a clinic.
- **Emergency Services** – medical care to treat a sudden and severe illness or injury.
- **Maternity and Newborn Care** – health care for pregnant women and their infants.
- **Medical Equipment and Supplies** – items needed to manage a medical condition.
- **Mental Health and Substance Abuse Treatment** – services to treat a mental illness or substance use problem.
- **Physician Services** – doctor visits.
- **Prescription Drugs** – medicine that requires a doctor's prescription.
- **Rehabilitation** – services like physical, occupational or speech therapy to help a person recover from injury or illness.
- **Family Planning** – birth control and other reproductive health care services.
- **Lab and X-Ray Services** – tests to diagnose an illness or problem.
- **Vision Care** – eye exams and eyeglasses.
- **Pediatric Care** – regular check-ups and immunizations for children.
- **Dental Care** – regular check-ups and fillings, plus additional treatment for children, such as sealants.

How do I know if I qualify?

You may be able to get Medicaid if you make less than \$1,342 a month as an individual or \$1,809 a month as a couple. Different income limits apply for children, pregnant women, seniors and persons with disabilities.

Take the first step and answer a few questions to find out whether you could qualify at **GetCoveredIllinois.gov**. If you are unlikely to qualify for Medicaid, you will be guided to the Marketplace website where you can shop for other types of health insurance and may qualify for financial help to lower costs. Both Medicaid and insurance through the Marketplace will provide quality coverage.

What if I already have Medicaid?

If you and your family are already covered by Medicaid then you do not have to buy more health coverage.

When does Medicaid coverage start?

If you are approved for Medicaid, you will have coverage for any unpaid bills for Medicaid-covered services by a Medicaid provider during the month when your coverage starts — even if you don't get your Medicaid card until a following month. Medicaid cannot pay you back for bills you paid before you were approved for coverage.

I Was told I was eligible for Medicaid, now what?

You will receive an approval letter in the mail. Within 10 days of receiving the approval letter, you will receive a piece of paper that includes your Recipient Identification Number (RIN) – that is your medical card, so keep it safe. The RIN is what you give providers and pharmacies when you need care.

Soon after getting your medical card, you will receive a client enrollment package in the mail. This will explain your benefits and how to pick a Primary Care Provider (PCP) and health plan. You can continue to access any Medicaid provider until you receive your client enrollment packet.

Once you have been approved for Medicaid, even if you have not gotten your enrollment packet in the mail yet, you can find a list of providers in your area online.

If you need to find a Medicaid provider in your area, go to www.Illinoishealthconnect.com or call Illinois Health Connect (IHC) at **(877) 912-1999 (TTY: 1-866-565-8577)**. If you have questions about if a benefit is covered, you can call the HFS Health Benefits Helpline at **(866) 468-7543 (TTY: 1-877-204-1012)**.

Once I am enrolled, how do I make sure I stay covered?

If you are already enrolled in Medicaid or All Kids, you will receive a redetermination notice from the State of Illinois around one year from the date your coverage began to make sure you still qualify.

To have your Medicaid or All Kids health care coverage redetermined, you need to verify or update the information on your redetermination notice, sign it, and return it along with any supporting document before the deadline in the notice. If you did not receive your redetermination notice, call **(855) 458-4945** to get a status update or request a new form.

Can someone help me apply?

Yes. There are free, trained specialists who can help you in person or over the phone. They can answer your questions and help you find coverage that is right for you and your family. Visit our website or call our Help Desk to talk to a specialist today.